

State Tennessee

| Citation   | Condition or Requirement  |
|--|---|
| 1924 of the Act<br>435.725<br>435.733<br>435.832 | <p>2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:</p> <p>Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.</p> <p>a. Aged, blind, disabled:<br/>Individuals \$ <u>30</u><br/>Couples \$ <u>          </u></p> <p>For the following persons with greater need:</p> <p>Supplement 13 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>b. AFDC related:<br/>Children \$ <u>30</u><br/>Adults \$ <u>30</u></p> <p>For the following persons with greater need:</p> <p>Supplement 13 to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.</p> <p>c. Individual under age 21 covered in the plan as specified in Item B.7. of <u>Attachment 2.2-A</u>.<br/>\$ <u>          </u></p> |

GW/D1068063

State Tennessee

| Citation | Condition or Requirement |
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For the following persons with greater need:

Supplement 13 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

d. Individuals in home and community based waivers

- (i) HCBS for elderly and disabled (ADAPT) 200% of SSI-FBR for an individual
- (ii) HCBS for elderly and disabled (Shelby County) 200% of SSI-FBR for an individual
- (iii) HCBS Waiver for the mentally retarded 200% of SSI-FBR for an individual

1924 of the  
Act

3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse.

- a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

X The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.

\_\_\_\_\_ The poverty level component is calculated using a percentage greater than the applicable percentage, equal to \_\_\_\_\_%, of the official poverty level (still subject to maximum maintenance needs standard).

\_\_\_\_\_ The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

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Supersedes  
No. 98-1

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State: Tennessee

| Citation | Condition or Requirement   |
|----------|--|
|          | <p>In determining any excess shelter allowance, utility expenses are calculated using:</p> <p><u>  X  </u> the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or</p> <p><u>      </u> the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.</p> <p>b. The monthly income allowance for other dependent family members living with the community spouse is:</p> <p><u>  X  </u> one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924 (d)(3)(B) ) exceeds the dependent family member's monthly income.</p> <p><u>      </u> a greater amount calculated as follows:</p> <p>The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924 (d)(1):</p> <p>c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:</p> <p>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</p> <p>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)</p> |

TN No. 98-1

Supersedes

Approval Date 5/1/98

Effective Date 1/1/98

TN No. 92-7

State: Tennessee

| Citation                      | Condition or Requirement   |
|-------------------------------|--|
| 435.725<br>435.733<br>435.832 | <p>4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:</p> <ul style="list-style-type: none"><li>o AFDC level; or</li><li>o Medically needy level:</li></ul> <p>(Check one)</p> <ul style="list-style-type: none"><li>-- AFDC levels in Supplement 1</li><li><input checked="" type="checkbox"/> Medically needy level in Supplement 1</li><li>-- Other: \$ _____</li></ul> <p>b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:</p> <p>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</p> <p>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)</p> |
| 435.725<br>435.733<br>435.832 | <p>5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:</p> <p><input checked="" type="checkbox"/> No.</p> <p><input type="checkbox"/> Yes (the applicable amount is shown on page 5a.)</p>   |

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Supersedes  
TN No. 92-7

Approval Date 5/1/98

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Revision: HCFA-PM-97-2  
December 1997

ATTACHMENT 2.6-A  
Page 5a  
OMB No.:0938-0673

State: Tennessee

| <u>Citation</u> | <u>Condition or Requirement</u>  |
|-----------------|--|
| _____           | Amount for maintenance of home is:<br>\$_____.   |
| _____           | Amount for maintenance of home is the actual maintenance costs not to exceed \$_____.  |
| _____           | Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different. |
| _____           | Amount for maintenance of home is not deductible when countable income is determined under §1924 (d)(1) of the Act.  |

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Citation

Condition or Requirement

\_\_\_\_\_ 2. A fixed standard greater than the amount which would be used if the formula described in section 1924(d)(1)(C) were used. The standard used is \$\_\_\_\_\_.

X c. The standards described above are used for individuals receiving home and community based waiver services in lieu of services provided in a medical and remedial care institution.

d. Definition of Dependency

The definition of dependency below is used to define dependent children, parents and siblings for purposes of deducting allowances under Section 1924. The Internal Revenue Service definition of dependent is used.

1902 (1) of the  
Act, P.L. 99-643  
(Section 3(b))

435.711

435.721

435.831

C. Financial Eligibility - Categorically and Medically Needy, Qualified Medicare Beneficiaries and Qualified Disabled Working Individuals

1. Income disregards - Categorically and Medically Needy Qualified Medicare Beneficiaries and Qualified Disabled Working Individuals

TN No. 90-23  
Supersedes  
TN No. 89-36

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Effective Date 7/1/90

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: TENNESSEE

ELIGIBILITY CONDITIONS AND REQUIREMENTS

| Citation(s)                        | Condition or Requirement   |
|------------------------------------|--|
| 42 CFR 435.711<br>435.721, 435.831 | <p>C. <u>Financial Eligibility</u></p> <p>For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.</p> <p>For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.</p> <p><u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.</p> |

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Supersedes

TN No. 92-7

Approval Date

**NOV 3** 1993

Effective Date

4/1/92

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August 1991

ATTACHMENT 2.6-A  
Page 6a  
OMB No.: 0938-

State: Tennessee

Citation

Condition or Requirement

- /X/ Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
- / Supplement 7 to ATTACHMENT 2.6-A specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.
- / Supplement 4 to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
- / Supplement 5 to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
- /X/ Supplement 8a to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.
- /X/ Supplement 8b to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.

IN No. 92-7  
Supersedes  
TN No. NEW

Approval Date MAY 26 1993

Effective Date 1/1/92

HCFA ID: 7985E



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: TENNESSEE

ELIGIBILITY CONDITIONS AND REQUIREMENTS

| Citation(s)              | Condition or Requirement  |
|--------------------------|---|
| 1902(r)(2)<br>of the Act | <p>1. <u>Methods of Determining Income</u></p> <p>a. <u>AFDC-related individuals (except for poverty level related pregnant women, infants, and children).</u></p> <p>(1) In determining countable income for AFDC-related individuals, the following methods are used:</p> <p><u>X</u> (a) The methods under the State's approved AFDC plan only; or</p> <p>— (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.</p> |
| 1902(e)(6)<br>the Act    | <p>(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.</p>  |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: TENNESSEE

ELIGIBILITY CONDITIONS AND REQUIREMENTS

| Citation(s)   | Condition or Requirement  |
|---|---|
| 42 CFR 435.721<br>435.831, and<br>1902(m)(1)(B)(m)(4)<br>and 1902(r)(2)<br>of the Act | b. <u>Aged individuals.</u> In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used:<br><br>___ The methods of the SSI program only.<br><br><u>X</u> The methods of the SSI program and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u> |